

I, ROBERT A. MONROE, understand that the highly sensitive and classified information I have, or am about to receive as part of an official U.S. Government program belongs to the U.S. Government. I understand that the disclosure of this information is punishable under Title 18, Section 798, U.S.C., "Disclosure of Classified Information," June 1948, as amended.

I do solemnly swear that I will never divulge, publish, or reveal by word, conduct, or by any other means such classified information or knowledge, except in the performance of my official duties, and as specifically authorized in writing in each case by the appropriate agency of the U.S. Government.

I understand that no change in my assignment or employment will relieve me of my obligation under this agreement and that the provisions of this agreement will remain binding upon me even after the termination of my services with the U.S. Government.

I take this obligation of my own free will, without any mental reservation or purpose of evasion.

DATA REQUIRED BY THE PRIVACY ACT OF 1974  
(5 U.S.C. 552a)

1. Authority: National Records Act, 44 U.S.C. 3102; E.O. 9397, Numbering System for Federal Accounts Relating to Individual Personnel, November 22, 1943.
2. Principal Purpose: To maintain a record of those individuals who have or have had access to classified information through the use of their name and/or Social Security Number.
3. Routine Uses: The Social Security Number is to be used to identify the individual, and the information is to be retained strictly within the Program.
4. Mandatory of Voluntary Disclosure: Information is disclosed on a voluntary basis, but withholding information will render it impossible to grant an individual access to or participation in the Program.

WITNESS:

Julius A. H. [Signature]  
NAME

[Redacted]

SIGNED:

Robert A. Monroe  
NAME

[Redacted]  
SOCIAL SECURITY NUMBER

SGFOIA3

SGFOIA3